TRAVEL EXPENSE CLAIM See Instruction STD. 262 (REV. 9/2007) Statement O							n Reverse Side					Page of Pages			
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*				MENT	NAME OF TAXABLE PARTY.			
Matthe	ew L. Cate										CDCR				
POSITION CB/ID No.							DIVISION or BUREAU				INDEX NUMBER				
Secretary RESIDENCE ADDRESS:							Office of the Secreta				ıry) IE NUMBER		
VEGINELIA VIOLEGIA						1515 S Street, Suite									
CITY STATE ZIP CODE							CITY				STATE ZIP CODE				
							Sacramento				CA 95811				
NORMAL WO	RK HOURS				(2	PRIVATE V	EHICLE LICE	NSE NUI	MBER	(3) MILE	AGE RATE	CLAIMED			
													(12)		
) MONTHYEAR	(6)	(7)	(8)	MEALS		(9)	(10)	TRANSPORTAT				(11)	TOTAL		
	WHERE EXPENSES WERE INCURRED		BREAK-			INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVATE	(D) CAR USE	BUSINESS	EXPENSE		
ATE TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS. PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
								nes.	William		0.00		0.0		
							A		V		0.00		0.0		
											0.00		0.0		
	-16				N	I					0.03		0.0		
	MIL		T T			4					0.00		0.0		
				3	VI.			6			0.00	-	0.0		
							1				0.00		0.0		
			1								0.00		0.0		
					-	-					0.00		0.0		
					-	<u> </u>					0.00	-	0.0		
											0.00		0.0		
											0.00		0.0		
3)	SUBTOTALS	0.00	0,00	0.00	0.00	0,00	0.00		0.00	0,00	0.00	0.00	0.0		
COLUMN	CODE (ACCTG. USE ONL'	7	100	1000	146	B SUNT	7.0	3.8					S. 1677		
	CLAIM TOTAL												\$0.0		
(4) PURPOSE	OF TRIP, REMARKS AND DETAILS	Attach receipts/	vouchers whe	n required)						AG	ENCY AC	COUNTING	OFFICE		
											U	SE ONLY			
										PAID B	Y REVOLVI	IG FUND CH	ECK NUMB		
										1					
(15) I HERI	EBY CERTIFY That the above is a true and if mileage rates exceed the minim lections 0750, 0751, 0752, 0753 and 0	e statement of t um rate, I certify	he travel experts that the cost	enses incurre of operating y and seat he	d by me in a the vehicle v	ccordance w vas equal to	ith DPA rules or greater tha	in the se n the rate	rvice of the State claimed, and that	of Californ t I have m	nia. If a privi et the require	stely owned vi iments as pre	ehicle was scribed by		
used, a			F FER ING A SECURE	g come person by	and the state of t								-		
			DATE		(16) S	IGNATURE (OF OFFICER	APPROV	ING TRAVEL AND	PAYMEN	VT D	ATE			
used, i SAM S CLAIMANT'S S					(16) S	IGNATURE (OF OFFICER	APPROV	ING TRAVEL AND	PAYMEN	VT D	ATE			